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CONFIRMATION NO. 1725

SERIAL NUMBER 10/735,603	FILING OR 371(c) DATE 12/12/2003 RULE	CLASS 623	GROUP ART UNIT 3774	ATTORNEY DOCKET NO. ZIMM1720	
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** CONTINUING DATA *****					
** FOREIGN APPLICATIONS ***** FRANCE 03 09596 08/04/2003					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/24/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY FRANCE	SHEETS DRAWING 18	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
ADDRESS 44654					
TITLE INTERVERTEBRAL DISK PROSTHESIS					
FILING FEE RECEIVED 538	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		